

TGATherapeutic
Goods
Administration**REQUEST FOR SPECIAL ACCESS SCHEME (SAS) APPROVAL
CATEGORY B and C PATIENTS ONLY**Commonwealth Department of
Health and
Family Services

- Category B:** Persons suffering from a life-threatening medical condition,
even if they are not critically ill.
- Category C:** Persons suffering from a serious but not life-threatening illness.

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS**Prescribing doctor details**

| | | |
|----------------|--|--|
| Name | S <small>Initial</small> | WYATT <small>Surname</small> |
| Postal address | ARMY MALARIA INSTITUTE WEARY DUNOP RUE GALLIPOLI BARRACKS ENOGGERA QLD <small>Postcode</small> | |

| | |
|--------------|------------------|
| Hospital | |
| Department | A. M. I. |
| Phone number | 3332 4801 |
| Fax number | 3332 4855 |

Drug details

| | |
|-------------------|---|
| Active ingredient | TAFENOQUINE |
| Dose form | 200mg tablet |
| Dosage | 200mg daily x 3 + 200mg weekly x 8 |

| | |
|-------------------------|--------------------|
| Trade name | |
| Company/supplier | SKB |
| Route of administration | oral |
| Duration of treatment | Eight weeks |

Patient details

| | | | | | | | |
|------------------|----------------------|------------------|--|------------------|--|-----|--|
| Patient initials | | Patient category | | Date of Birth | | Sex | |
| | | Patient ID | | Previous SAS No. | | | |
| Diagnosis | Vivax malaria | | | | | | |

Justification for use of drug (include previous and current treatment; state whether requesting renewal of SAS approval)**Recurrent vivax malaria as per protocol from the Army
Malaria Institute.**

Prescribing doctor

Signature

KITCHENER

Date

27/3/01Fax to: The Experimental Drugs Team
(02) 6232 8112

or

Send by Mail to:

The SAS Officer
TGA
PO Box 100
Woden ACT 2606

Department of Defence

| | |
|--------|---------------------------------------|
| To: | TGA Experimental Drugs Team |
| Fax: | 0262328112 |
| Tel: | |
| Email: | |

| | |
|--------|--|
| From: | Major S Kitchener Army Malaria Institute Gallipoli Barracks MILPO 4052 |
| Fax: | 07 3332 4800 |
| Tel: | 07 3332 4836 |
| Email: | kitchener@hotmail.com |

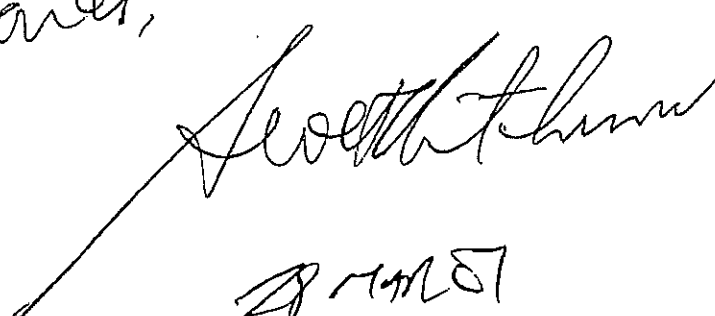
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|--|---------------------|----------------------------|
| Subject: REQUEST FOR SAS APPROVAL | | |
| Reference: | Date: 29 March 2001 | Pages (including cover): 2 |

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Instructions or comments:

Nicki,

Attached is another application for permission to prescribe Tafenoquine in a case of recurrent vivax malaria. Endorsement previously forwarded.

Regards,

S Kitchener